



Community Health Improvement Fund 2009/2010 Annual Application Guidelines

Purpose and Philosophy

In keeping with its mission, “to improve the health of people in our region,” St. Luke’s Health System is committed to improving the health of the communities it serves. As one way to achieve that goal and also provide effective stewardship and accountability for community resources, St. Luke’s has established a Community Health Improvement (CHI) Fund to support, fund and implement community health improvement activities. The fund was established to provide financial support to organizations or groups that are working to improve the health of people in this region. The purpose of Community Health Improvement policy and leadership is:

“To provide direction and accountability for Community Health Improvement at St. Luke’s that balances the needs of the communities we serve with changing organizational and financial demands.”

The Community Contributions Committee, appointed by St. Luke’s Executive Team, functions as the oversight body for the Community Health Improvement Fund, the steward for focusing resources, and translating identified Community Health Improvement needs into St. Luke’s objectives and actions.

Funding Criteria

Funding will be considered for proposals for health-related services/activities that meet all of the following criteria:

- Are project or program-based. *Please note that requests for event support/sponsorships should be directed to the CHI Fund Sponsorship Program, a separate application available at www.stlukesonline.org/giving.*
- Benefit a geographic area served by St. Luke’s Health System. Priority shall be given to Ada, Canyon, Blaine, and Twin Falls counties.
- Address one or more of the following community health priorities:
 - Youth, Family & Women
 - Health, Wellness & Fitness
 - Immunizations
 - Prevention: Heart Disease & Cancer
 - Domestic Violence & Child Advocacy

Note: Grant requests may address health maintenance, health education, improved access to health care services, prevention, wellness, health information distribution and other health-related services or activities.

- Are consistent with St. Luke’s mission, vision and values.
- Demonstrate collaboration and coordination—not duplication—with other community organizations or St. Luke’s services and departments.
- Include an evaluation component based on measurable, predicted outcomes and that demonstrates program effectiveness.

Limitations

It is the Contribution Committee’s policy not to approve funding for the following:

- Political activities of any kind
- Construction costs or capital campaigns
- Endowment programs
- Scholarships
- Requests from individuals
- Requests for support of events, such as dinners, golf tournaments, and fun runs should be directed to *CHI Fund Sponsorship Program, a separate application available at www.stlukesonline.org/giving*

Eligibility

Applicants must meet the following minimum requirements:

- Have current 501(c)3 not-for-profit, tax-exempt status under IRS Code Section 170, or be a governmental agency/department or public educational institution
- Operate under written articles of incorporation and by-laws or other written documents or statutes that define the applicant's purposes, membership, management and operation.
- Operate on a non-discriminatory basis in employment, recruitment of volunteers and delivery of services.
- Demonstrate effective program performance and financial responsibility and accountability.

Operating Guidelines

- Contributions shall be used solely for the requested purpose. Funded activities shall commence in a timely manner.
- All allocations from the CHI Fund must be approved by the St. Luke's Contributions Committee.
- Recipients shall give appropriate acknowledgment to St. Luke's in all promotional materials, activities and programs funded by the CHI Fund.
- Recipients shall submit a project performance report indicating the actual use of the funds and the results of the project on an annual basis.

Timeline

1. Prior to October 1 each year, the St. Luke's Board Finance Committee designates the amount of monies to be allocated to the CHI Fund for the upcoming fiscal year. Ninety percent of the budget is allocated to proposals received from community organizations and for community health improvement projects. The remaining ten percent is retained for discretionary or unpredicted community health needs, programs or projects meeting the established grant criteria.
2. The Contributions Committee solicits requests for proposals (RFP's) beginning August 1 of each year
3. Proposals are accepted until the deadline date of September 30, 2009.
4. The Contributions Committee reviews and evaluates the applications based upon established criteria. Recommendations are submitted to St. Luke's Executive Team by November 1 each year.
5. The St. Luke's Executive Team makes the final determinations and applicants usually receive written notification of their decision by the end of November.
6. Funding normally commences no later than November 30 each year.
7. Each organization that is funded is responsible for submitting a project performance report by October 1 of the following year that evaluates the results and outcomes contained in the initial proposal.

How to Apply

1. Review these application guidelines at www.stlukesonline.org/giving.
2. Download the application form at www.stlukesonline.org/giving.
3. Complete the application and gather the required attachments.
4. Email the completed application and attachments to toalb@slrmc.org as WORD attachments. In the subject field of the email header, type "CHI-Fund Application (Note: emailed applications are preferred, however, in the event of technical difficulties, paper applications may be sent to the address listed below.)"
5. **Applications must be received at the St. Luke's Marketing Office by September 30, 2009. Late or incomplete applications will not be considered.**

Contact Information

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Community Health Improvement Fund
St. Luke's Regional Medical Center
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Community Health Improvement Fund

2009/2010 Annual Application Form – Deadline is September 30, 2009

Organization Information

Organization Name _____

Address _____

City _____ State _____ Zip _____

Primary Contact _____ Title _____

Phone _____ Email _____ Website _____

Purpose/Mission _____

Primary Contact Information (complete only if different than contact info above)

Primary Contact for this Request _____

Address _____

City _____ State _____ Zip _____

Title _____

Phone _____ Email _____

Project Information

Date of this Request _____ Amount Requested \$ _____

Complete the sentence: "If awarded, the funds will be used to" _____

Are you requesting sponsorship or support for an event (such as a dinner, tournament, run/walk event, etc.?) Yes No

If yes, do not complete this application. You may apply for funding through a separate application which can be accessed at www.stlukesonline.org

Are you requesting the donation of an item(s) for an auction, raffle, or similar purpose? Yes No

If yes, do not complete this application. You may apply for this type of support through a separate application which can be accessed at www.stlukesonline.org

Type of Funding Requested: Cash grant _____

Matching cash grant (please explain) _____

In-kind support (If there are expenditures in your project budget where an in-kind donation of goods/services from St. Luke's would be helpful, check this box and note them in the budget) _____

Project Budget:	
<i>Please feel free to use your own budget format, using the categories below as a basic guideline. (If there are expenditures where an in-kind donation of goods/services from St. Luke's would be appropriate and helpful, please indicate this and provide as much detail as possible.</i>	
Personnel costs	\$
Administrative costs	\$
Operating costs	\$
Supplies/Materials	\$
Other (specify)	\$
Total Project Budget	\$
Other Sources of Funding	\$
Amount Requested from CHI Fund	\$

1. *St. Luke's mission is "to improve the health of people in our region," and is based on the following values: Trust and Respect, Integrity, Partnership and Service, Safety, Efficiency and Financial Responsibility, Teamwork, and Compassion. Describe your project and address how it is consistent with St. Luke's mission and values.*

2. *Describe how the project demonstrates collaboration, and not duplication, with other community organizations and/or St. Luke's services and departments. List any collaborating organizations.*

3. *Address the project's consistency with identified community health needs and priorities (survey data, health statistics, etc.).*

4. *List the expected results of the project, with specific objectives, timetable, and process to achieve results. Include how results will be measured.*

5. *Will the project continue after the Community Health Improvement funding cycle? If so, how it will be funded?*

6. *Please list Board members (note any affiliations you are aware of with St. Luke's (such as Board, volunteer, staff, etc.))*

7. *Has your organization received charitable funding from St. Luke's in the past, either in the form of a grant, in-kind support, or event sponsorship? If so, list dates and amounts.*

You may expand the table as needed to complete your information.

TO SUBMIT:

Email this completed application and attachments to toalb@slrnc.org as WORD attachments. In the subject field of the email header, type "CHI-Fund Application (Note: emailed applications are preferred, however, in the event of technical difficulties, paper applications may be sent to the address listed in the application guidelines.

- Required Attachments:
 - Copy of applicant's IRS 501(c)3 ruling letter establishing that the applicant is exempt from Federal income taxes (may be sent as a pdf file)
 - Copy of most recent Financial audit or financial statements for most recent three fiscal years.(for grant requests of \$10,000 or more) (may be sent as a pdf or Excel file)

Applications must be received by September 30, 2009. Late or incomplete applications will not be considered.